

SPONSORSHIP APPLICATION

2008 SC SUMMER SCHOOL OF GERONTOLOGY

August 24-29, 2008

Contact Person: _____

Title: _____

Company/Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: () _____ FAX: () _____

E-mail Address: _____

SPONSORSHIP OPPORTUNITIES:

Please indicate the amount you will sponsor completely or in-part by the events.

<u>OPTION</u>	<u>COST</u>	<u>SPONSORSHIP AMOUNT</u>	<u>OPTION</u>	<u>COST</u>	<u>SPONSORSHIP AMOUNT</u>
1. Sunday Evening Reception	\$1,500	_____	6. Course Sponsorship		
2. Monday Lunch Buffet	\$3,500	_____	A. Half day	\$250	_____
3. Tuesday Breakfast Buffet	\$2,400	_____	B. One day	\$500	_____
4. Tuesday Evening Dance	\$1,500	_____	C. Two day	\$1,000	_____
5. Wednesday Senior Luncheon	\$4,500	_____	D. Three day	1,500	_____
			7. Promotional Items:		
			--T-shirts	\$1,250	_____
			--Name Badge Holders*	\$1,000	_____
			--Canvas Bags*	\$1,250	_____
			--Pens*	\$250	_____

(*These items will be imprinted with your company's name.)

TOTAL: _____

Make checks payable to:

Lieutenant Governor's Office on Aging

Application & Sponsorship Remittance Deadline:

March 28, 2008.

Businesses or organizations contributing at least \$1,000 will be given complimentary exhibit space. Sponsorships will be reserved on a first-come, first-served basis. *To confirm your sponsorship, remittance must accompany this application.*

Mail to:

John E. Roberts, Summer School Coordinator
Lieutenant Governor's Office on Aging
Summer School of Gerontology
1301 Gervais Street, Suite 200
Columbia, SC 29201

Telephone: (803) 734-9940 Fax: (803) 734-9887

☐ If you would also like to be an Exhibitor, please check this box to receive the Exhibitor Packet and Application.